MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02945

Reg. Dist. No. 195

1. PLACE OF DEATH
COUNTY - Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. F. D. Jessups
MARYLAND
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md
COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. F. D Jessups
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) FRANKLYN (Last) Arthur

4. DATE OF DEATH (Month) March (Day) 27 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Jan 8, 1874

9. AGE last birthday 76 yrs.

If under 1 year Months 2 Days

If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY B & O Railroad

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Arthur

14. MOTHER'S MAIDEN NAME Jane Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs Thomas Arthur.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 x — Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset and Death: 2 wks.

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension + Arterio-Sclerosis — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 13 1950, to Mar. 27, 1950, that I last saw the deceased alive on Mar. 27, 1950 and that death occurred at 5-0 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley M. D. Savage, Md. 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Mar. 30, 1950

NAME OF CEMETERY OR CREMATORY Asbury

LOCATION (City, town, or county) Howard Co. (State) Md

DATE REC'D BY LOCAL REG. 3/29/50

REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR Ridgely & Selby ADDRESS Laurel, Md.

988.47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02946

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY HOWARD SAME — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HIGHLAND | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HIGHLAND MD.
STREET ADDRESS (If rural give location) BALTIMORE - ELLICOTT CITY RD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LILLIAN	JONES	BUTLER	3	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		AUG 4 1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	SOUTH CAROLINA	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IREDDELL JONES	ELEN ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	—	MRS. CHARLES E.R. ADAMS DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	?
260X 61	(c) Uremia	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
	—				—

22. I hereby certify that I attended the deceased from 2/11/ 19 49, to 3/13/ 19 50, that I last saw the deceased alive on 3/13/ 19 50, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Sandy Spring Md	3/14/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
TRANS + BURIAL	MARCH 16 50	WILLOW BROOK CEMETERY	EDGEFIELD COUNTY	S. CAROLINA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-17-50	Mary A. Whitaker	Warner E. Pumphrey, Inc.	Silver Spring, Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02947

CERTIFICATE OF DEATH

Reg. Dist. No. 194 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Simpsonville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Oakland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Simpsonville
STREET ADDRESS (If rural, give location): Oakland

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Curry (Last)

4. DATE OF DEATH: (Month) 3-28 (Day) (Year) 50 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-6-1890

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lloyd Curry, Simpsonville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X **Immediate cause** (a) Hypertensive Cardio. Vascular Disease — Interval Between Onset and Death: 7 years

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~March~~ (January) 15, 1943, to March 28, 1950, that I last saw the deceased alive on 3-28, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

George E. Burgtorf M.D. — Ellicott City, Md. — 3-30-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4-2-50

NAME OF CEMETERY OR CREMATORY: Arbutus Memorial

LOCATION (City, town, or county) (State): Arbutus Md

DATE REC'D BY LOCAL REG.: March 31, 1950

REGISTRAR'S SIGNATURE: John B. Leyhan Dep.

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md

Dr. Frank Shipley B.E.L.

RECEIVED
APR 6 1950
FBI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02948

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH · COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Junction — LENGTH OF STAY (in this place) 13 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Junction
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) (Last) Deffert			4. DATE OF DEATH (Month) March (Day) 22 (Year) 1950		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept 29 1906	9. AGE last birthday 43 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Chicago Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lawrence Calvin			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —		17. INFORMANT AND ADDRESS Richard Deffert - Annapolis Junction Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
023X Immediate cause	(a) Syphilitic aortitis	10 yrs.
Antecedent cause(s)	With Coronary Ostial Occlusion	
30d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis	12 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1942, to 3/22, 1950 that I last saw the deceased alive on 3/3, 1950, and that death occurred at 8 40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J M Warren	M.D.	Laurel Md	3/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE March 23 1950	NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory	LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REG. 3/22/50	REGISTRAR'S SIGNATURE Frank Shipley	24. FUNERAL DIRECTOR DeWitt Donaldson Laurel Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1950

02949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Vineyard Road

3. NAME OF DECEASED (Type or Print) (First) Alphonse (Middle) Delisle (Last)

4. DATE OF DEATH (Month) (Day) (Year) 3-20-50 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 8-2-1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Rural Storekeeper
11. BIRTHPLACE (State or foreign country) Quebec Providence Canada
12. CITIZEN OF WHAT COUNTRY? USA-Naturalize

13. FATHER'S NAME Piere Delisle
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Fred C.Delisle,Ellicott City,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Wremia	2 wks
181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Urinary Bladder	1 year
52	(c) Arteriosclerotic Cardio-Vascular Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to Mar 20, 1950, that I last saw the deceased alive on Mar 19, 1950, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE William F. Tassaway (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 3/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-21-1950
NAME OF CEMETERY OR CREMATORY Sams Creek
LOCATION (City, town, or county) (State) New Windsor,Md.

DATE REC'D BY LOCAL REG. March 21, 1950
REGISTRAR'S SIGNATURE Alice C. Hebb
24. FUNERAL DIRECTOR F.C.Higinbothom,Ellicott City,Md. ADDRESS

15679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02950

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Friendship — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dairy
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) R. (Last) Dorsey

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 22 1892

9. AGE last birthday: 58 yrs. If under Months. 1 year Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Howard Co.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Dennis Dorsey

14. MOTHER'S MAIDEN NAME: Francis Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Irene Howard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	1 month
154X Antecedent cause(s)		
46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the rectum with metastases	2 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arteriosclerotic heart disease c̄ auricular fibrill.	4 yrs

19a. DATE OF OPERATION: May 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum c̄ metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1948, to 3/1, 1950, that I last saw the deceased alive on 3/1, 1950, and that death occurred at 3 30/A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker, B.D. Clarksville, Md. 3/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 5 1950 — NAME OF CEMETERY OR CREMATORY: Bush Park — LOCATION (City, town, or county) (State): Cooksville Md.

DATE REC'D BY LOCAL REG.: Mar 9 1950 — REGISTRAR'S SIGNATURE: Alice H. Hebb — 24. FUNERAL DIRECTOR: H. M. Snyder — ADDRESS: Mt. Airy

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1950
BUREAU OF S

62951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cooksville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cooksville Md
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) STEWARD (Last) DORSEY

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 20-1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor on farm
10b. KIND OF BUSINESS OR INDUSTRY dg work
11. BIRTHPLACE (State or foreign country) Howard Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Dorsy
14. MOTHER'S MAIDEN NAME Jane Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. Nov
17. INFORMANT Eugene Dorsy Cooksville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	12 hours
Antecedent cause(s) 420.0	(b) arteriosclerotic heart disease	20 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1948, to March 19, 1950, that I last saw the deceased alive on March 19, 1950, and that death occurred at 93 o/p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, B.D., Clarksville, Md. 3-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 22
NAME OF CEMETERY OR CREMATORY Bushy Park
LOCATION (City, town, or county) (State) Cooksville Md Howard Co.

DATE REC'D BY LOCAL REG. 3/22/50
REGISTRAR'S SIGNATURE E. Pearl Mercier
24. FUNERAL DIRECTOR Roy W Barber Laytonsville ADDRESS

866 VV Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02952

CERTIFICATE OF DEATH

Reg. Dist. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural West Friendship — LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenelg P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural West Friendship
STREET ADDRESS (If rural, give location) Glenelg P.O.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) SAMUEL (Last) DUVALL

4. DATE OF DEATH: (Month) Mar (Day) 26, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/5/82

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otho DuVall

14. MOTHER'S MAIDEN NAME: Emma Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Rachel E DuVall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: few minutes

443 X Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Hypertensive cardiovascular disease — several years

(c) Chr. Myocarditis — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1950, to 3/27, 1950, that I last saw the deceased alive on 3/27, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE W. H. Lawrence Jr. (Degree or title) M.D. — ADDRESS Laurel, Md — DATE SIGNED 3/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/28/50 — NAME OF CEMETERY OR CREMATORY: Jennings Chapel Cem. — LOCATION (City, town, or county) (State): Howard Co Md.

DATE REC'D BY LOCAL REG. Mar 27-50 — REGISTRAR'S SIGNATURE Alice M Hobbs.

24. FUNERAL DIRECTOR — ADDRESS: Easton Sons Ellicott City Md.

27681

RECEIVED
MAR 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02953

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Marion (Middle) R. (Last) Fisher

4. DATE OF DEATH (Month) Mar. (Day) 16 (Year) 1950

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH June 6 1872 | 9. AGE last birthday 77 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Hannon

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Ruth Jennison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Haemorrhage	3 hrs.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive Cardio-Vas. Disease	2 yrs.
	(c) Chr. Myocarditis	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓ | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 16, 1948, to Mar. 16, 1950, that I last saw the deceased alive on 3/16/50, 19..... and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, M.D., Savage, Md. 3/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Mar. 18 1950 | NAME OF CEMETERY OR CREMATORY Savage Cemetery | LOCATION (City, town, or county) Savage (State) Md

DATE REC'D BY LOCAL REG. 3/17/50 | REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR Ridgley & Selby | ADDRESS Laurel, Md.

52086

RECEIVED
MAR 21 1950
BUREAU V. S.

02954

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carrolls Mill
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ellicott City P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carrolls Mill
STREET ADDRESS (If rural give location) Ellicott City P.O.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARY M. JOHNSON

4. DATE OF DEATH (Month) (Day) (Year) Mar. 15, 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 28, 1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Lewis
14. MOTHER'S MAIDEN NAME Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Walker Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
480X	Immediate cause	(a) Toxemia	3 days
33a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia	3 days
		(c) Influenza	6 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. extreme obesity (about 500 lbs) 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1940, to March 15, 1950, that I last saw the deceased alive on March 15, 1950, and that death occurred at 1 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, M.D. Clarksville, Md. 3-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF 3/17/50
NAME OF CEMETERY OR CREMATORY Johnson Family Cem.
LOCATION (City, town, or county) (State) Alberine Va.

DATE REC'D BY LOCAL REG. Mar 15 1950
REGISTRAR'S SIGNATURE Alice W. Hebb.
24. FUNERAL DIRECTOR Easton Sons Ellicott City Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02955

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Glenwood Howard Co
City or town Near Glenwood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town R 2 Woodbine Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Aubrey Dorsey Jones

3. (b) Social Security Number 219-07-8818

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Harriette A Jones
6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug 17 1881

8. AGE: Years	Months	Days	If less than one day
68	7	0	hrs. min.

9. Birthplace Howard County Md
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER 12. Name Peter Jones
13. Birthplace Maryland
MOTHER 14. Maiden name Harriett Warfield
15. Birthplace Maryland
16. Informant Harriette A Jones
Address R 2, Woodbine Md
17. Burial Date thereof 3-20-50
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bushy Park
Location Cooksville, Md
18. Funeral director C. A. Weer
Address Lyksville Md
19. Mar. 18 1950 E. Bark Mervis
(Date rec'd by registrar) Registrar
Lisbon, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1950, at 12½ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 14 1950 to Mch 17 1950, and that I last saw him alive on Mch 16 1950

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 dy
Due to	
Due to	
Other conditions 334 Hypostatic Pneumonia (Include pregnancy within 3 months of death)	24 hr

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C M Van Fogle M. D. or other
Address Mt Airy Md Date signed 3/17

866VV

RECEIVED
MAR 29 1950
BUREAU V. S.

Evidence for addition of 18 & 21 shown on:

02956

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 125 APR 13 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
LENGTH OF STAY (in this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
STREET ADDRESS (If rural, give location): Washington Blvd

3. NAME OF DECEASED (Type or Print): (First) Wilhelmina (Middle) . (Last) Jones

4. DATE OF DEATH: (Month) March (Day) 30, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug. 26, 1915

9. AGE last birthday: 34 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bridgeport, Connecticut

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Nolan

14. MOTHER'S MAIDEN NAME: — Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm. A. Jones. Husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

970.8 **Immediate cause** (a) Acute cocaine poisoning

1639 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Washington Blvd., Savage, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): March 30, 1950 3m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Suicide

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

SIGNATURE: R S Fisher (Degree or title): M.D. **ADDRESS**: 700 Fleet St., Balto. 2, Md. **DATE SIGNED**: March 31, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation **DATE THEREOF**: April 3 1950 **NAME OF CEMETERY OR CREMATORY**: Fort Lincoln Crematory **LOCATION** (City, town, or county) (State): Washington D C

DATE RECD BY LOCAL REG.: 3/31/50 **REGISTRAR'S SIGNATURE**: Frank Shipley

24. FUNERAL DIRECTOR **ADDRESS**: De Witt Donaldson, Laurel, Md.

RECEIVED
APR 6 1960
BUREAU W.M.

02957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Cecelia Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Maine St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 3614 Parkdale Ave.

3. NAME OF DECEASED (Type or Print) (First) CECELIA (Middle) OLIVE (Last) JORDAN

4. DATE OF DEATH (Month) March (Day) 30 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 14, 1874
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Cornelius Martin
14. MOTHER'S MAIDEN NAME Rebecca Nace.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Roland N. Jordan - 1115 W. 42nd St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Immediate
Antecedent cause(s)	—	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arteriosclerotic Cardio-Vascular Disease	1 year

420.1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Mar, 1950, to 30 Mar, 1950, that I last saw the deceased alive on 30 March, 1950, and that death occurred at 8 15 A m., from the causes and on the date stated above.

SIGNATURE William F. Tassaway (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 3/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 1, 1950
NAME OF CEMETERY OR CREMATORY Black Rock.
LOCATION (City, town, or county) Butler Md. (State)

DATE REC'D BY LOCAL REG. 3/31/50
REGISTRAR'S SIGNATURE H. W. Hedrick Dep.
24. FUNERAL DIRECTOR Paul E. Chenoweth Jr. 3615-17 ADDRESS Chestnut Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02958

CERTIFICATE OF DEATH

Reg. Dist. No. 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; STREET ADDRESS (If rural give location) W. Main St

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) (Rebbie) (Last) Keyes

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 1, 1860

9. AGE last birthday: 90 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alvin J. Tabler

14. MOTHER'S MAIDEN NAME: Ann Rebecca Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Guy Sykes, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: Immediate

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerotic Cardio-Vascular Disease — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 19 47, to Mar. 16, 19 50, that I last saw the deceased alive on Mar. 14, 19 50, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: William F. Jasaway | (Degree or title) M.D. | ADDRESS Ellicott City | DATE SIGNED 3/16/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3-18-50 | NAME OF CEMETERY OR CREMATORY St. Johns | LOCATION (City, town, or county) Ellicott City, Md (State)

DATE REC'D BY LOCAL REG. March 17, 1950 | REGISTRAR'S SIGNATURE John B. Langhans Jr. B. E. S. | 24. FUNERAL DIRECTOR F. C. Higinbothom. | ADDRESS Ellicott City, Md

VS. A15

RECEIVED
MAR 23 1950
BUREAU V. S.

02959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
LENGTH OF STAY (in this place): 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Virginia (Last) Lee
4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Jan. 29 1918
9. AGE last birthday: 32 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never worked
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Savage Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robert Earl Lee Sr
14. MOTHER'S MAIDEN NAME: Mary Thomas Rosebaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Robert E. Lee Sr, Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 7 yrs

002X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1943, to Mar 8, 1950, that I last saw the deceased alive on Mar 8, 1950, and that death occurred at 11 30 p m., from the causes and on the date stated above.

SIGNATURE: J. M. Warren (Degree or title) ADDRESS: Laurel Md DATE SIGNED: 3/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Mar. 12 1950
NAME OF CEMETERY OR CREMATORY: Savage Cemetery
LOCATION (City, town, or county) (State): Savage, Maryland
DATE REC'D BY LOCAL REG.: 3/11/50
REGISTRAR'S SIGNATURE: Frank Shipley
24. FUNERAL DIRECTOR: De Witt Donaldson ADDRESS: Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS A15

RECEIVED
MAR 21 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02960

CERTIFICATE OF DEATH

Reg. Dist. No. 19-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (In this place) 94 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) E. (Last) MATHEWS

4. DATE OF DEATH (Month) Mar (Day) 7th (Year) 1950

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Jan 10, 1846 | 9. AGE last birthday 104 yrs. | If under 1 year: Months 1, Days 27 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James Coffidy | 14. MOTHER'S MAIDEN NAME Mary E. Partridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Winfield S. Mathews Symptis Town

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	?
422.1 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-6, 19 50, to 3-7, 19 50 that I last saw the deceased alive on 3-7, 19 50, and that death occurred at 11 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Em C. Kochman, M.D. ADDRESS DATE SIGNED 3/8/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/9/50	Western Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-8-1950	John B. Laughman. Per. B. E. S.	Easton Sons	Ellicott City Md.

VS. A15

RECEIVED
MAR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02961

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville Md; HOSPITAL OR INSTITUTION OR STREET ADDRESS; LENGTH OF STAY (in this place) MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS (If rural, give location) 1017 - 17th St N.E.

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Arthur (Last) Miller

4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 28-1943

9. AGE last birthday: 6 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Riverdale Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Lee Miller

14. MOTHER'S MAIDEN NAME: Sophie Rojcsich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: A. J. Miller (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752X Immediate cause (a) Marasmus — Interval Between Onset and Death: 8 mos

157a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital internal hydrocephalus — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to Mar. 29, 1950, that I last saw the deceased alive on Mar 25, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Charles S. Whitaker, M.D. Clarksville, Md. 3/31/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar 31 | NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 3-31-50 | REGISTRAR'S SIGNATURE: Marie A. Whitaker | 24. FUNERAL DIRECTOR: Hanbow Funeral Home | ADDRESS: Wash. D.C.

RECEIVED
APR 3 1950
BUREAU

02962

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Springs
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Springs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) LaVene (Last) Nusbaum

4. DATE OF DEATH (Month) Mar. (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 10-28-1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Frederick Co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Peter Smith
14. MOTHER'S MAIDEN NAME Sarah Runkles.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Sarah Spaulding, Mt Airy Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion	Sudden
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24-, 1950, to 3-24-, 1950, that I last saw the deceased alive on 3-24-, 1950, and that death occurred at 1030a m., from the causes and on the date stated above.

SIGNATURE C M Van Poole (Degree or title) MD ADDRESS Mt Airy Md DATE SIGNED 3/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-26-50
NAME OF CEMETERY OR CREMATORY Central
LOCATION (City, town, or county) New London (State) Md

DATE REC'D BY LOCAL REG. 3-25-50
REGISTRAR'S SIGNATURE E. Pearl Mercier
24. FUNERAL DIRECTOR F C Higinbothom, Ellicott City Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1950
BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02963

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Long Corner
LENGTH OF STAY (in this place): 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Long Corner
STREET ADDRESS (If rural, give location): Rural-- Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) W. (Last) OWINGS

4. DATE OF DEATH: (Mooth) MARCH (Day) 26 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-22-1866

9. AGE last birthday: 83 yrs. — If under 1 year: Mooths / Days — If under 24 hrs.: Hours / Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Track Foreman

10b. KIND OF BUSINESS OR INDUSTRY: B.&O R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Augustus Owings

14. MOTHER'S MAIDEN NAME: Martha Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: J.Edwin Murray, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemiplaegia (right)	2 da
442 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	5 da
	(c) Cardio-Vascular-Renal desease	8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18/50, 19....., to 3/26/50, 19....., that I last saw the deceased alive on 3/26/50, 19....., and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Stanley Grabill M.D. Mt. Airy, Md. 3/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **DATE**: 3-28-1950 — **NAME OF CEMETERY OR CREMATORY**: Howard Chapel — **LOCATION (City, town, or county) (State)**: Howard Co. Md.

DATE REC'D BY LOCAL REG.: 3/27/50 — **REGISTRAR'S SIGNATURE**: E. Pearl Mercier

24. FUNERAL DIRECTOR — **ADDRESS**: C. M. Waltz, Winfield, Md.

31647

RECEIVED
MAR 29 1950
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02964

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton; LENGTH OF STAY (in this place) 76 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Dayton Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
   STREET ADDRESS (If rural give location) Dayton Road

3. NAME OF DECEASED (Type or Print): (First) ROSELLA (Middle) — (Last) PENN

4. DATE OF DEATH: (Month) March (Day) 17, (Year) 1950.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 27, 1874.

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thompson

14. MOTHER'S MAIDEN NAME: Mary K. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Royal Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute cardiac failure	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertensive cardiovascular renal disease	10 yrs
	(c)	

4423
1310

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23, 1946, to 3/17, 1950, that I last saw the deceased alive on 3/17, 1950, and that death occurred at 11:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Whitaker, M.D. ADDRESS: Marksville, Md. DATE SIGNED: 3/19/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: March 20, 1950
NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
LOCATION (City, town, or county) (State): Ellicott City, Maryland.

DATE REC'D BY LOCAL REG.: 3-19-50
REGISTRAR'S SIGNATURE: Marie C. Whitaker
24. FUNERAL DIRECTOR: Easton Sons, ADDRESS: Ellicott City, Md.

RECEIVED
1950

MARYLAND STATE DEPARTMENT OF HEALTH

02965

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood — LENGTH OF STAY (In this place) About 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7000 Highland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
STREET ADDRESS (If rural, give location) 7000 Highland Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E. (Last) Ridenour

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 10, 1883

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ridenour

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 084 10 3235

17. INFORMANT: Mrs. Bertha O. Ridenour, 7000 Highland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 1 hr

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arteriosclerotic Cardiovascular Disease — 5 yr

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alpha M. Herbert M.D. (Degree or Title) ADDRESS Ellicott City Md DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY DATE SIGNED 3-23-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/27/50 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG. 3/24/50 — REGISTRAR'S SIGNATURE A. W. Shuster

24. FUNERAL DIRECTOR: Harry H. Nitzke — ADDRESS: 4101 Edmondson Ave.

27860

02966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH · COUNTY Harvard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Harvard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup — LENGTH OF STAY (in this place) 66 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Washington Blvd

3. NAME OF DECEASED (Type or Print)	(First) Ida	(Middle) May	(Last) Sanders	4. DATE OF DEATH	(Month) March (Day) 9 (Year) 1950
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH April 1, 1883	9. AGE last birthday 66 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Harvard Co. Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Crane	14. MOTHER'S MAIDEN NAME unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Mazel Lee Jess, Jessup Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	2 wks.
443x 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vas. Disease	2 yrs.
	(c) Arterio-sclerosis -	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE ✓ (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1948, to Mar. 9, 1950, that I last saw the deceased alive on 3/9/50, 19....., and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, Savage, Md. 3/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF March 12, 1950	NAME OF CEMETERY OR CREMATORY Providence Cemetery	LOCATION (City, town, or county) (State) Glenelg, Md.
DATE REC'D BY LOCAL REG. 3/11/50	REGISTRAR'S SIGNATURE Frank Shipley	24. FUNERAL DIRECTOR De Witt Donaldson	ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02967

Reg. Dist. No. 19-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Howard
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Fells Ave.

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Lee (Last) Scott

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 11, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ellicott City, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Ward

14. MOTHER'S MAIDEN NAME: Georgiana Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Georgie Johnson, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X **Immediate cause**	(a) Cerebral hemorrhage	1 day
93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?: —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Alpha N. Hubert M.D. (Degree or title) ADDRESS: Ellicott City Md. DATE SIGNED: 3-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-9-1950
NAME OF CEMETERY OR CREMATORY: Western Star
LOCATION (City, town, or county) (State): Catonsville, Md.

DATE REC'D BY LOCAL REG.: March 4, 1950
REGISTRAR'S SIGNATURE: John B. Langhan. Pro. B. E. L.
24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

RECEIVED
MAR 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02968

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenelg; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenelg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nelson (Middle) I (Last) Sullivan

4. DATE OF DEATH: (Month) March (Day) 9, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-26-1870

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Owner Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Basil J. Sullivan

14. MOTHER'S MAIDEN NAME: Susan Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. L. Hobbs, West Friendship, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
491X	Immediate cause	(a) acute cardiac failure	15 mins
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) toxemia	2 days
		(c) bronchopneumonia	1 week
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arteriosclerotic H.D. chronic & anterior fibrillation	5 yrs

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1946, to March 8, 1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whittaker, M.D. Clarksville, Md 3/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 3-11-50; NAME OF CEMETERY OR CREMATORY: Providence; LOCATION (City, town, or county) (State): Glenelg, Md.

DATE REC'D BY LOCAL REG.: March 11, 1950; REGISTRAR'S SIGNATURE: Alice H. Hebb

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

VS. A15

000 VV

RECEIVED
MAR 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02969

CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville Md; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS (If rural give location) 657 Emerson st. N.E.

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) (Last) TAYLOR

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec 17, 1949

9. AGE last birthday: yrs.; If under 1 year: Months 2 Days 23 Hours; If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald C Taylor

14. MOTHER'S MAIDEN NAME: Reba Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Donald C Taylor Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Marasmus — Interval Between Onset and Death: 6 weeks

751 X / 157 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital meningocele — Since birth

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1950, to 3/8, 1940, that I last saw the deceased alive on 3/7, 1950, and that death occurred at 8 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED 3/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/13/50 | NAME OF CEMETERY OR CREMATORY Arlington | LOCATION (City, town or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. 3-11-50 | REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR F. Gaseta & Son ADDRESS Hyattsville Md

9-K-K-179-00-K 00K

RECEIVED
MAR 14 1950
BUREAU V. S.

02970

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - West Friendship
LENGTH OF STAY (In this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - West Friendship
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) Ellis (Last) Wain

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 1, 1856

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isaac Locker

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Florence Wains - West Friendship, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Arteriosclerotic Cardiovascular Disease — 20 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

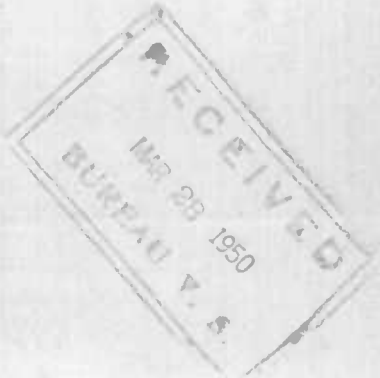
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alpha N. Herbert (Degree or title) M.D. ADDRESS Ellicott City Md DATE SIGNED 3-23-50

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-27-50 — NAME OF CEMETERY OR CREMATORY Greenmount — LOCATION (City, town, or county) Wheeling, W. Va. (State)

DATE REC'D BY LOCAL REG. Mar. 25, 1950 — REGISTRAR'S SIGNATURE Alice W. Holt — 24. FUNERAL DIRECTOR C. H. Weis - Hyattsville, Md. — ADDRESS


RECEIVED
MAR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02971

CERTIFICATE OF DEATH

Reg. Dist. No. 178

1. PLACE OF DEATH
COUNTY Howard County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Owings	Warfield, Sr.	March	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	May 9, 1875	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farm Owner	Glenelg Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thos. Owings Warfield	Laura Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	John O. Warfield, Woodbine, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arterialsclerosis	4 years.
	(c)	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/1, 19 49, to 12/1, 19 49, that I last saw the deceased alive on Dec. 1, 19 49, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE J. M. Bird (Degree or title) MD ADDRESS Glenelg Md DATE SIGNED 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-31-50	St. Marks	Highland, Md

DATE REC'D BY LOCAL REG. March 30 50 REGISTRAR'S SIGNATURE E. Pearl Mervis

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md.

0000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02972

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. West Friendship; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. West Friendship; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. (Last) Young

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 4, 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Richard Young

14. MOTHER'S MAIDEN NAME: Josephine — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Margaret Young, Sidney, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) acute cardiac failure — Interval Between Onset and Death: 30 mins

932 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic heart disease with auricular fibrillation — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1949, to Mar. 23, 1950, that I last saw the deceased alive on Mar. 23, 1950, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. — ADDRESS Charles S. Whitaker, M.D., Clarksville, Maryland — DATE SIGNED March 24, 1950

23. BURIAL, CREMATION REMOVAL. (Specify) Burial | DATE THEREOF 3-27-50 | NAME OF CEMETERY OR CREMATORY Bushy Park | LOCATION (City, town, or county) (State) Cooksville, Howard Md.

DATE REC'D BY LOCAL REG. Mar. 25, 1950 | REGISTRAR'S SIGNATURE Alice W. Hebb | 24. FUNERAL DIRECTOR C. H. Wee — ADDRESS Lyksville, Md.

866 VV

RECEIVED
MAR 23 1950
BUREAU V. S.